



## Emergency Information

***While your child is in our care, it is important for us to have the following information.***

Who should we contact in case of an emergency? *(Please list: home, office and cell)*

Name \_\_\_\_\_ / Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ / Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ / Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Is there any medical information that we may need to know about your child/children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a condition/disability that we should be aware of regarding your child's health?  
(Please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child taking any medication? Yes \_\_\_ No \_\_\_ (If yes, please explain)

Name of medication(s) \_\_\_\_\_

Reason for taking this medication: (medical need) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If we are unable to contact you or the person(s) you designated as emergency contact, then we need your permission authorizing us to take appropriate medical action should your child require it while attending this parish program. (Please sign below)**

Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER, AND RELEASE

*As you review this photo release form, please do so with regard to any particular considerations of photos of your child being available on-line or in print.*

I, \_\_\_\_\_, for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to St. Paul's Youth Ministry and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property.

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Witness: \_\_\_\_\_

If applicable, name(s) of minor children/wards \_\_\_\_\_